

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103431

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: LIFE'S ABUNDANCE, INC.

## Current Principal Place of Business:

4349 SW PORT WAY  
PALM CITY, FL 34990

## New Principal Place of Business:

## Current Mailing Address:

4349 SW PORT WAY  
PALM CITY, FL 34990

## New Mailing Address:

FEI Number: 65-0879154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERARDI, STEPHEN M SR  
4349 SW PORT WAY  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: C  
Name: JOCHUM, GEORGE  
Address: 30 LAKE FOREST DR  
City-St-Zip: OAKLAND, MD 21550

Title: S  
Name: BERARDI, STEPHEN SR  
Address: 4349 SW PORT WAY  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: BERARDI, DENNIS A  
Address: 1050 SW CHAPMAN WAY  
City-St-Zip: PALM CITY, FL 34990

Title: VC  
Name: JOCHUM, PATSY (CRIS)  
Address: 30 LAKE FOREST DR  
City-St-Zip: OAKLAND, MD 21550

Title: P  
Name: THORNHILL, LESTER  
Address: 5018 NAUTICA LAKE CI  
City-St-Zip: GREENACRES, FL 33463

Title: T  
Name: SINCLAIR, ANTHONY  
Address: 669 PERDIDO HEIGHTS DR  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY SINCLAIR

CFO

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date